

St. Luke's Christian Education

Registration Form

2013 / 2014

Student Name: _____

Date of Birth: ___/___/_____ Grade: _____

Mailing Address: _____

Town: _____ State : _____ Zip : _____

Contact Information: Parent (1) Name: _____

Parent (2) Name: _____

Contact Numbers: Home (___) _____ - _____ Cell (___) ___ - _____

Cell (___) ___ - _____ Other (___) ___ - _____

E-Mail Address: _____

Preferred Method of Contact: Home # () Cell # () E-Mail ()

Student Information

Has your child been baptized? Yes () No ()

If yes, Date of Baptism: ___/___/_____ Parish: _____

If no, would you like to be contacted about baptismal information? Yes ()

Are you interested in having your child participate in our Eucharist Education class? (for ages 6 and up) Yes (___)

Are you and your child interested in participating in our Confirmation class?

(must turn 13yrs old before Confirmation Celebration in Fall of 2014) Yes (___)

Emergency Information

Student Allergies: _____

Other Medical Conditions/Concerns: _____

Emergency Contact/s: (to be called only if parent/s cannot be contacted)

Name/Relationship to Student: _____
() ____ - _____

Name/Relationship to Student: _____
() ____ - _____

Family Physician: Name: _____
() ____ - _____

Our Christian Education program welcomes all parents wishing to volunteer their time and energies. Please consider the following events, and share with your child/children all that St. Luke's Christian Education has to offer.

Family Service () Halloween Party () Christmas Pageant ()

Advent Family Night () Class Assistant () Special Guest ()

Substitute Teacher () Eucharist Education – Class Parent ()

Confirmation – Class Parent () Bingo () Movie Afternoon ()

Other Suggestions/ Ideas? _____

Comments/Questions? _____

